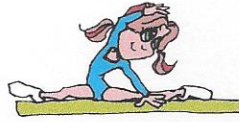


# GYM JAM GYMNASTICS CAMP



June 19<sup>th</sup> - June 23<sup>rd</sup>, 2017

9:30 AM to 4:00 PM

For female students ages - 6 & 7, 8 & 9, 10 and over

Beginner, Intermediate and Advanced

Fee - \$375.00 per week

Join us at PGC for a day filled with GYMNASTICS, FITNESS, and FUN!!!

Instruction on all gymnastics apparatus. Improve your skills on Floor, Trampoline, Balance Beam, Vault, and Bars. Learn body conditioning for greater strength and flexibility.

Enjoy games and open gym time! Participants will receive Awards and Medals. Limited enrollment to ensure excellent instruction. Bring your lunch. Beverages and snacks provided.

Please fill in form below and mail with \$75.00 NON-REFUNDABLE deposit to:

Philadelphia Gymnastics Center • 26 Portland Road, Suite 100 • West Conshohocken, PA 19428

Note: This is a drop-off camp. Detailed info will be sent to you upon receipt of your registration!

Do not delay! Limited enrollment to ensure excellent instruction!

Before care available from 8:15 AM - After care available until 5:00 PM: \$5/day or \$20/week.

Make checks payable to PGC, Inc. - Balance due by June 1, 2017

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By filling out this form and registering my child, I agree to abide by PGC's rules and policies. I also understand that activity involving motion, rotation or height may cause accidental injury and such carries with it a reasonable assumption of risk. All proper warm-up exercises must be done in order to reduce the above risk. Gymnastics is an activity requiring active concentration. Horseplay, inability to follow instructions, or any form of carelessness on students part will not be tolerated and could result in being dismissed from camp.

Gym Jam Camp for Girls - June 19<sup>th</sup> - June 23<sup>rd</sup>, 2017

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email Address (PLEASE PRINT IN CAPS) \_\_\_\_\_

Parent's Name (PLEASE PRINT) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Interest in before and/or after care - please check here: \_\_\_\_\_ before care \_\_\_\_\_ after care

**PHILADELPHIA GYMNASTICS CENTER**  
**26 PORTLAND ROAD, SUITE 100**  
**WEST CONSHOHOCKEN, PA 19428**  
Office: 610-825-3023 Email: PGCgymnastics@aol.com

**To: Bryn Mawr Hospital**

My child: \_\_\_\_\_ is attending a camp program at Philadelphia Gymnastics Center, Inc. the week of June 19, 2017 through June 23, 2017.

I am unable to be contacted at the present time. In case of an emergency, please administer medical care as needed.

Insurance: \_\_\_\_\_

Card Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Thank you,

Signature of parent or guardian:

\_\_\_\_\_

Date Signed: \_\_\_\_\_